

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

PRINTED: 03/31/2015
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER: AL11922235	(X3) DATE SURVEY COMPLETED 03/17/2015
NAME OF PROVIDER OR SUPPLIER SUN COAST	STREET ADDRESS, CITY, STATE, ZIP CODE 9111 SW 28 TERRACE MIAMI, FL 33165	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAGS AND REGULATORY IDENTIFYING INFORMATION)		

0000 - Initial Comments

A Limited Nursing Services Monitoring survey was conducted on March 17th, 2015. Sun Coast did not have deficiencies found at time of the survey.



RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

March 31, 2015

Administrator
Sun Coast
9111 Sw 28 Terrace
Miami, FL 33165

Dear Administrator:

This letter reports findings of a Limited Nursing Services Monitoring survey that was conducted on March 17, 2015 by representative(s) of this office. Attached is the provider's copy of the State (5000-3547) Form, which indicates there were no discernible deficiencies noted on the date of the survey.

The Quality Assurance Questionnaire has long been employed to obtain your feedback following survey activity. This form has been placed on the Agency's website at <http://ahca.myflorida.com/Publications/Forms.shtml> as a first step in providing a web-based interactive consumer satisfaction survey system. You may access the questionnaire through the link under Health Facilities and Providers on this page. Your feedback is encouraged and valued, as our goal is to ensure the professional and consistent application of the survey process.

Thank you for the assistance provided to the surveyor(s). Should you have any questions please call Verlande Exil, Health Facility Evaluator Supervisor at (305) 593-3100.

Sincerely,

Arlene Mayo-Davis, RN
Field Office Manager

AMD:ve
Enclosure

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